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Tennessee Coordinated School Health

Annual Summary

February 2013

Coordinated School Health (CSH) is an evidenced-based model developed by the Centers for Disease Control and Prevention (CDC) designed to promote healthy school environments so children arrive at school ready to learn. In 2006, Tennessee became the **only** state in the nation with a legislative mandate and \$15,000,000 in state funding per year to implement CSH in all school districts. CSH funding provides each school district with a full time Coordinator, an assistant and basic materials and resources necessary to develop policies, partnerships and initiatives designed to advance student health and improve academic outcomes. CSH Coordinators address eight components of school health: health education, physical education/physical activity, health services, mental health/ social services, nutrition services, healthy and safe environment, staff wellness and family/community partnerships.

CSH Highlights:

- ▶ High School graduation and drop-out rates in CSH school district pilot sites have consistently outperformed state averages since 2002.
- ▶ Tennessee student BMI rates for overweight and obese are declining. BMI rates declined from **41.2%** in 2007-2008 to **39.5%** in 2008-2009. Tennessee has the **6th** highest childhood obesity rate in the U.S. (Source: *Trust for America's Health Report F as in Fat: How Obesity Threatens America's Future 2010*)
- ▶ Parent and student partnerships are emphasized in all aspects of CSH. CSH Coordinators have expanded the average number of partners from **21** community partnerships per school district in 2008-2009 to **39** community partners in 2011-2012. CSH statewide partnered with **67,315 students** and **32,362 parents** to address school health priorities during the 2011-2012 school year.
- ▶ From 2007-2008 to the 2011-2012 school year, CSH Coordinators secured an **additional \$73** million in health grants and in-kind resources/gifts for Tennessee schools.
- ▶ According to CDC's Youth Risk Behavior Surveillance survey for high school students, the percentage of Tennessee students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days **increased** from **33.7%** in 2005 to **47.2%** in 2011.
- ▶ The percentage of school nurses (RN and LPN) working in Tennessee schools **increased** by **24%** from 2006-2007 to 2011-2012 school year. The percentage of students diagnosed with a chronic illness or disability increased by **76%** between 2004-2005 and 2011-2012.

- ▶ During the 2011-2012 school year **2,259,306** student visits to school nurses occurred. Of these visits, 80% (**1,805,518** student visits) resulted in a return to the classroom. The student return-to-class rate increased from **61.3%** in 2008-2009 to **80%** during the 2011-2012 school year.
- ▶ School health policies were strengthened and/or created to promote a healthy school environment in **eighty-two percent** (82%) of all school districts during 2011-2012.
- ▶ **Sixty-five percent** (65%) of all school districts reported they incorporated health-related goals into their School Improvement Planning (SIP) and/or their Tennessee Comprehensive System-wide Planning Process (TCSPP) district planning agendas.
- ▶ Student school health screenings were standardized for all school districts by the Office of Coordinated School Health in 2007. In 2011-2012 over **1.3 million** student health screenings occurred in Tennessee public schools. Of those screened, **164,571** students were referred to a health care provider for additional medical attention. This represents a **210%** increase over the number of referrals in 2006-2007.
- ▶ At the end of the 2011-2012 school year, school districts reported an **84%** compliance rate for schools meeting the 90 minute per week student physical activity law.
- ▶ CSH Coordinators have worked with community partners to establish school-based health clinics. The number of schools with school-based clinics increased from **54** in 2008-2009 to **87** in 2011-2012. This represents a **61%** increase over a four year period. The number of students served in school clinics increased by **77%** between 2008-2009 and 2011-2012 (**69,305** students compared to **122,337** students).
- ▶ During the 2011-2012 school year, **55,765** wellness exams (EPSDT exams) were provided to Tennessee students either by a school clinic practitioner or a private provider in the schools.
- ▶ As a result of a CSH infrastructure present in all school districts, more than **half** of all school districts have established a Food Back Pack program for students so they have food to eat on the weekends. As of February 2011, **412** schools provide Food Back Pack programs.
- ▶ During 2011-2012, **1,110** schools (**69%** of all schools) provided bullying prevention training for staff and **744** schools (**46%** of all schools) provided bullying prevention training for students.
- ▶ CSH Coordinators monitor types of food and drinks sold in vending machines and a la carte items to ensure compliance with state school nutrition laws. The percent of Tennessee schools that did not sell soda or fruit juice increased from **26.7%** in 2006 to **74%** in 2008. Tennessee now ranks **2nd** in the country in this category. Also, **64.7%** of Tennessee secondary schools did not sell junk food in vending machines, school stores, canteens or snack bars. Tennessee now ranks **6th** in the nation in this category.
- ▶ **Ninety-four percent** (94%) of all school systems provided staff health screenings during the 2011-2012 school year.
- ▶ Since the inception of Coordinated School Health, **289** schools now have walking tracks/trails, **318** schools have salad bars, **597** schools have removed fryers from the cafeteria and **352** schools have new or updated playgrounds.

